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ORIGINAL COMMUNICATIONS.

[XVIII.]

VALEDICTORY.

Gentlemen of the Faculty of the California Medical College: The time has now arrived for the severance of our relations as Professors and Students. It is never a pleasant duty to speak the farewell words—

> "—bitter then to rend the heart
> With the sad words that we must part,
> And like some low and mournful spell
> To whisper but one word—farewell!"

Why the class selected me for this delightful—I should say mournful office—I don't know, nor can I say why I was chosen as their mouth-piece, unless it be for the quality of talking more and saying less than most of them. The time that we have spent under your instruction has been of great moment, benefit and profit to us; if this class is not as well fitted for the arduous and responsible duties of a physician's calling, as ever was class that left a Medical College, it is not your fault. Earnestness on your part has never been wanting, never even faltered; the great wonder of the observant has been, how, in a new school, so harmonious and well qualified a Faculty could be assembled for the first course. The judgment in the material you have given us for mental digestion has been wonderfully good ; no time has been wasted in useless theories; proven knowledge, the results of that best of teachers, experience, the very essence of the science of the healing art, together with the axioms of medicine, have been given us in a concise and attractive form. With oft repeated quiz and examination, the lectures have been so reviewed, that if there is a failure in their fixation on the mind of any student, it is certainly not the fault of the system of teaching or of the Professors, but rather the obtuseness of the student. The plan adopted by every chair seems to have been to make haste slowly, or to be thorough rather than to cover an extensive field. The College clinics were handled most ably. Of what material presented the most was made. Many who were sick of body, despairing at heart, and weary of mind, were thoroughly cured here and sent on their way rejoicing, from the hands of our Professors, without money and without price. Several important surgical cases, in which operations were performed with perfect success, and are this day walking the streets of this city, living monuments of the surgical skill and proficiency of our Faculty. All the appliances and apparatus necessary to illustrate the lectures, or in any other manner requisite for the proper pursuance of the studies, have been provided with a liberal hand; and while the mental improvement and advancement of the student has been furthered in every way, his bodily comfort has at no time been forgotten. The discipline has been most excellent, and appears to have been conducted on the plan of the Professors showing themselves to be gentlemen in such an emphatic manner, as to leave no doubt in the student's mind but that similar conduct was expected, nay, demanded of them. Gentlemen, I know that I speak the sentiments of the whole graduating class, when I say that the months we have spent under your instruction will always be remembered as bright periods in our existence. We can never live to be so old as to forget them, nor can our memory be so dim that our pleasant experience within these walls shall cease to recur to us with happy reminiscences. We recognize the fact that our chosen profession requires us always to be students; that we can never be too old to learn; but the requirements and duties of life (not to mention the needs of the afflicted) necessitate that we should at some time leave the college halls to pursue our studies in conjunction with the practice of our profession. This time has now arrived for us; we now shoulder the great responsibility that the practice of our profession demands; we leave the college halls, and your aid and council; our future studies we must pursue alone, we must map them out for ourselves—your assistance, direction and experience we shall miss. There is something so attractive in the name or the fees of a surgeon, that all medical students want to and think they are going to be surgeons, whereas about one in every hundred attain that distinction. Our chair on surgery was most ably filled, and so anxious was he for the rapid progress of the students, that his hours were too short for him and too few in number. No one could have been more earnest or worked harder, or had the best interests of the students and College more at heart, than he, and if this class does not all turn out most excellent surgeons, it will not be the fault of their Professor in surgery. No student could absent himself from this Professor's quiz with impunity. The Professor was sure to go for him on his next appearance, and lucky it was for the student if he scratched through. This Chair made it warm for the boys at the quiz. The instructions received from the important chair of practice, were most practical, and delivered in an earnest and eloquent manner. The principles and practice of eclecticism, or of liberal and progressive medicine, were illustrated, and made familiar to the student. The large practice that had been pursued by the incumbent of this chair, so many years with such intelligence, and the valuable experience that was the result, was placed before the student, sandwiched with sound and practical advice and well seasoned with anecdotes as adjuncts to memory. The genial incumbent of the Chair of Physiology always had a warm place in the heart of the students. At times he used to give us a good rapid talk. He was too good to laugh at the boys trying to take notes of his lecture, but no one can make me believe that he did not go down in his office and smile audibly at the boys when they were queer at his quizzes. With his plexus of nerves he did perplex us. He would fire off a question at a poor medical student, and wait for an answer with the utmost complacency, while the student would writhe with agony, and wrestle vainly with his treacherous memory. Talking of physiology reminds me of an episode that occurred during the term, in which the secretions take a very active and interesting part, but the story might not be very apropos for this occasion, and for this reason we will SECRETE it. The bane of all medical students is materia medica. They say there is so much, and it is so varying, and after many years of faithful study, they frankly admit that they know nothing about it. But the Professor that holds that chair in this College makes the dose as attractive as possible; in fact, he sugars his remedies well, and if he could conscientiously give us them in homeopathic doses, he in his kindness of heart would do so. This gentleman would address all his questions to the ladies. This partiality placed the boys in great misery, especially when the questions were easy of answer. The worst you can say of this Professor is that his character is as white as his hair. Anatomy is the foundation study of medicine. A hard study, and its details are dry, but it must be conquered. It is the skeleton in the closet in the study of medicine, but must not remain in the closet, but must be brought to light, and the student become familiar with every particular, and K. was the one who knew best how to instruct the student to do this. I say K. for two reasons. First, for brevity; and secondly, because K. stands for Kendrick and kindness, and they are synonomous. In most medical colleges, if you want to disgust a medical student, say chemistry to him, and you will see exemplified in his face the very acme of misery. But this is not the case in the California Medical College. The study of chemistry is looked upon by medical students as a sort of necessary evil, to be gotten over and through as easily as possible. But our Professor was not the kind of a man to permit any such thing. Why, he really acted as if he intended to teach chemistry, and he required that we should learn, and we did learn. The way he managed to implant in our minds the principles of chemistry, to a novice would appear wonderfully strange to relate, and mystifying beyond explanation. Give this little man (who looks through glasses brightly) a few test tubes, some acids, some salts, some water, a few chemicals, etc., and let him have a lighted spirit lamp, and in very much less time than it takes to tell it, he would get up a smell strong enough to raise the roof of a house; he would make all kinds of gas, flammable and inflammable, etc., but, thank goodness, most of them were without smell. Then he would fly to the black board, and rapidly cover it with characters, and the over crowded brain of the knowledge saturated medical student would expand and stretch a little more to let the aforesaid characters in. Now, medical jurisprudence is different from all the other studies. What relationship it bears to others, we cannot just define; but its teaching was useful and instructive; the boys thought they had a soft thing in this chair, but what was their amazement and surprise, when he one day unfolded several pages of legal cap, and announced that he had a few questions to ask. The boys felt like criminals in the dock, and looked upon their Professor as their judge, and from their bad answers, expected and felt that they were deserving of a life sentence. But he let them off with a simple admonition to go and sin no more. Our Professor of Opthalmology, Otology, Laryngoscopy, and Demonstrator of Anatomy, was a little man, but he occupied two Chairs and filled them both well; it was business always with him, and he would stand no nonsense; he was dignified and commanded respect, and he received it.

I do not undertake this office without realizing the responsibility in its fullest sense, my anxiety is to say all that is fitting for the occasion, omitting nothing oportune, and at the same time condensing my material within the limit of the endurance of my audience. I would not be doing justice to my Alma Mater nor to my fellow students, if I did not say something about eclecticism. It is unnecessary for me to remind you that the world moves, that nature never stands still, she is continually tearing down that she may build up—waste and repair never stop in her workshop. We cannot remain still--we must either advance or retrograde. Some years ago the medical profession, or a part of them, thought that they knew all that was necessary to know for the relief, healing and prevention of disease, but others thought that the practice of medicine might be improved for the benefit of humanity, to say nothing for the advancement of the science. Among other departures they considered that venesection and the administration of mercury might be done away with, to the benefit of the suffering and the prolongation of life. In fact, the old school was a "system to spin theories before the imagination of its believers, and amuse the patient while disease ran its own course," while the new school "opposed all systems that were based on dogmas, fixed laws, or alleged unalterable principles," and maintained "that scientific medicine should recognize no fixed laws, but drink at the fountain that supplied the waters of wisdom ;" that they should "labor by the light of nature and not go beyond the facts discovered ; that the peculiar aim of the practice of medicine is to cause disease to adjust the weighty concerns relating to the cause of disease, pursuant to the laws of experience, and that he who pursues a contrary course and forms his notion of practice according to the rules of theory, will never be a successful practitioner." This new school of medicine, the eclectic school and the progressive school, was rational in all things, it was not their practice to whip off a limb that they might crack up their reputation. As soon as the old school, or as they dislike to be called, the Allopaths, became fully aware of the extent and importance of the separation of this thinning out of their ranks, a round of persecutions commenced, and the disciples of the new school became martyrs to their cause, as all advanced thinkers must. But nothing daunted, these early workers in the good cause pursued the even tenor of their way. "With malice towards none, and charity for all."

It is not my purpose to follow eclectism from its humble and insignificant beginning to the brilliant and advanced position it now holds. It started as a rush light. It now illuminates this whole continent, even sending rays of light to Europe. I am not advocating any theory, or pleading any cause, but merely stating facts, that he who runs may read; still it may not be out of place to give an unanswerable proof of the truth and value of eclecticism. It is this, that as fast as remedies are discovered, adopted and used by the Eclectics, the Allopaths adopt them also. The old school have never been magnanimous enough to admit this, but they have never had the temerity to deny it. We that receive our diplomas here to-night, are not Eclectics because it is cheaper, or the time of probation shorter, or the studies fewer in number, or easier of grasp. Allow me to inform any that might be possessed of such a delusion, that it costs just as much; that the time required to be spent in the study of medicine is just as long, and longer than that required by some of the old school colleges, and that the text books are, in many instances, the same, and that the curriculum is quite as extended. We are Eclectic because we believe in the teaching of eclectism. Some have diplomas from the other schools, but they know what is right, and knowing it, dare do it. I must now close with my fellow students. The time has now arrived for us to bid each other, and ourselves, good-bye; this is the last time we shall ever be assembled as a class; in all probability we shall never be together again in any capacity. Our associations have been most pleasant, as well as profitable; but as I before intimated, when speaking of our Professors, pleasant as has been our associations; advantageous as has been our studies; we cannot always continue so; life has its duties and requirements; its trials as well as its pleasures. We must not shrink from the first, but meet it as we would the last; with calm resignation. Fellow students, let us leave these college halls with the determination that our work shall speak as to our qualifications; resolving that what is worth doing is worth doing well; that all our patients shall have the advantage of our best study, our closest attention; let us emulate only good actions; let our foundation be only upon a rock; let us build a high and spotless name, simulating a light house, whose rays of light shall cast far and wide, that they may be a beacon for those who follow; and as the sun bequeaths its golden rays to the expectant earth, so may the mellow light of unbroken friendship tinge the clouds of parting hours. Good-bye, Thomas, the stump of your cigar must fade from our sight; however you planned to be always smoking a stump, we could not divine. Sturman, old fellow, your smile we shall miss; your good nature, as an example, must be absent from us. The President of the Eclectic Society of the California Medical College, he will have to leave that soft position, his autograph to the certificates of membership of the above named famous Society will no longer be in demand. Dr. Doherty was always considered by the class a gentleman, and a handsome man. The class voted him the cake for this distinction long months ago. To you Henderson, you will always carry weight—drop it I mean, when you tread on a man's corn. Some one has described you as the man with the blue covered Hartshorne, and as the man who *did not* take notes of the lectures, but you are by no means the worst pill in the box. Good-bye, Wellendorf; any man that calls you thin, or says that you have wasted away over your arduous studies in the California Medical College, is an unmitigated falsifier, and cannot tell a fat man when he sees one. Good-bye, Priest; I never saw you pray once, nor did you ever ask a blessing at the beginning or closing of a lecture. Good-bye, Hall; I shall never forget you, for did not I sit before you all through the course, and did you not rest your feet against my back, that you might make a better desk of your knees. Good-bye, Leffingwell; poet of the class, may you live long to sing of fairy-land and may your dreams never be of a worse place. Blake, we always called him Blakie, for short; this is the man with big side whiskers, he likes to look into the eyes of the ladies, and rave about their color and brightness—he is the finest boy in Oakland, when the rest of us are away. McKee is the man with the cold digits, for lengthy reach, and long step. I hope he will walk right into a good practice—by, by, Birdie. Many's the time I've felt admiringly of the well developed biceps of my friend Case, not a hard case, nor a gone case, but a very hopeful case, and a very good one to call in case you need his services or assistance. And now I have come to the four chemical elements, COHN, and he is the best chemist in the class; he will get up more societies and form more colleges than any other man of his size in America. "All's well that *ends* well;" hence I consider it highly proper that this address should have a good ending, and to *assure* excellence, I borrow from Shakespeare—

> "There is a tide in the affairs of man,
> Which, taken at the flood, leads on to fortune,
> Omitted, all the voyage of their life
> Is bound in shallows and in miseries.
> On such a full sea are we now afloat,
> And we must take the current when it serves,
> Or lose our ventures."

[XIX]

ADDRESS BY PROFESSOR D. D. CROWLEY, N. D,

BEFORE THE ECLECTIC SOCIETY OF THE CALIFORNIA MEDICAL COLLEGE.

MR. PRESIDENT, LADIES AND GENTLEMEN OF THIS SOCIETY: I take the great pleasure of addressing you this evening upon pathology. It being the basis of medicine and surgery, too much cannot be said regarding it. By pathology, we mean the origin, course, cause and changes in the body which constitute disease, or any change in the system which deviates from health. This being the case, you will consequently come in contact with pathological conditions. The hardest part to understand in the practice of medicine, is the changes from health to disease, and, gentlemen, when pathology is thoroughly understood, the practice of medicine will no longer be speculative, but scientific. Years and years ago, this science was unknown. When a person became ill, some old lady or gentlemen, or, by chance, some beautiful young lady, who they thought was possessed by the infernal one, and had caused disease to fall upon some particular person, was at once bound at the stake, or suffered some other punishment as great. Of course this mode of treatmant was thought to be successful, and if the patient regained his health, prayers were immediately offered up with heart-felt thanks to the murderers, and if the termination was to the reverse, a new victim was sought and received like treatment. But as civilization advanced, and both the physical and mental faculties became more fully developed, medicine also changed, and the scientist came to the conclusion that the derangement originated in the patient, and was not caused by some evil spirit. In accordance with this thought, they directed their attention to the diseased, and allowed the innocent to remain unmolested. Even at this late period the physician filled the office of butler, hairdresser, barber, and possibly, would preach a sermon each Sunday. For all conditions of the system, he would give a few choice and well founded remedies, such as pulverized frog, solid extract of bugs and snails, etc. These remedies were practicable, and, without a doubt, did not prevent nature from doing her work. These dark ages we will allow to pass by without any particular reference. Of course the patient was relieved only as far as the imagination was concerned, and the disease would slowly, from day to day, carry its burden to the grave. Years and centuries have elapsed, and with the march of time medical science advanced, so that when a person is attacked by disease it is combated by remedial agents as well as nature. Yet we have among us physicians who ought to have practised in the age of frogs and reptiles. They come to the bedside of their patients; call the disease a name, and treat the name, never caring whether the patient be sthenic or asthenic, plethoric or anaemic, but down goes the drug. Probably the same that allowed Peter Brown to live, and expecting in the case of John Smith that the same result will follow; and, gentlemen of the late graduating class, 1 mean this subject especially for you; I wish you to realize the necessity of studying disease, for it is one of the requirements of a thoroughly scientific physician.

How aptly may we compare the flow of nature's streams to that of the blood; the slow current of the stream flowing smoothly on between its wide and even banks, is like the normal circulation of the blood, but let the banks narrow, and how similar is the rushing of the stream to determination, and again you can compare congestion to a stagnant cesspool, for in this condition there is stasis of blood, and in the pool there is stasis of water. How beautiful it is to imagine in rheumatism a little blood globule bravely tugging along a large piece of lactic acid, and after becoming weary by its exertion, it rests in a quiet nook of a joint, where the acid commences its destructive work, from which the most excruciating pain arises. From the study of pathology you will be enabled to tell whether a diseased limb should be amputated or whether you may allow it to remain without endangering the life of the patient. How many limbs have been amputated; how many lives have been lost, wherever improper means were used without a true understanding of the diseased part? In fifty years to come, disease will be without name. If you meet a brother physician and ask him the trouble with Mr. W——, he will answer you, providing the system was impoverished, there is an anaemic condition of the system, or a deficiency of red blood corpuscles; also stating what his intentions are to cause the execetory and secretion organs to act properly, and in this way aid nature in building up the torn down structure. In connection with pathology, study anatomy, for although pathology informs you when to use the knife, the knowledge would be quite useless if you are not also well informed in anatomy. Build your foundation, afterward your superstructure. Work hard and long, for the patient plodders are the men who will at last win the race. While the so called shining stars, although their flashes may be bright, will fade away in the presence of the slightest cloud, remember that intelligence, though clothed in rags, is more to be desired than ignorance in the most gorgeous attire.

Or quoting the sentiment of Victor Hugo, an "intelligent hell is preferable to an ignorant heaven."

Gentlemen of the graduating class, I now wish to inform you that the days of toil are about to commence; that the happy hours of college life have come to an end; you will now have to take upon yourselves the retponsibilities and cares of a physician. These are by no means light, and many a day you will be weary and tired, and long to be back in the halls of this college, where you could listen to the bombastic efforts of your old teachers. You will often come in contact with obstacles that require your utmost strength to overcome, but remember that the power to overcome is yours, if you but have the will to use it. And, gentlemen, I wish you all to place your shoulders to the wheel of our profession, and with conjoined efforts make another revolution in the science of medicine. There are many things yet to be discovered, and our present scientists will leave a vacant place for you.

I wish you to aim high; have always before you a position of honor. Make a resolution to yourselves, that ever in the future it will be your constant endeavor to attain that point, and that if energy and labor can aught avail you will reach it.

[xx.]

CALIFORNIA VEGETABLE MATERIA MEDICA.

BY JOHN FEARN, M. D., OAKLAND, CAL.

Of those who came to this coast soon after the discovery of gold, a very large percentage came not to stay. They had no thought of making a home here, but to make a fortune; they came not to till the soil, but to dig for gold, and all their energies were bent in that direction; so much so that their daily wants had to be supplied from abroad. But they soon discovered that in the soil and climate of California there existed the elements of wealth and stability not to be surpassed by the precious metals which sparkled in her river bottoms and rock-ribbed mountains, so that to-day, instead of looking abroad for supplies, the harvests of the Pacific Coast not only feed the thousands who have made their homes here, but the surplus in immense quantities is sent forth to supply food for thousands in Europe and elsewhere. This revolution is now taking place in medicine. Medical men from the Eastern States, well acquainted with her wealth of indigenous remedies, have many times sighed for the medicinal plants and vegetable remedies which through the forests, by the streams, and in the meadows of the New England and Eastern States, grow so plentifully. No one except the Spaniards seemed to have any knowledge of the medicinal value of the flora of this coast till recently, but this state of things is fast giving way. Medical men (and facts will justify us in saying), especially ECLECTICS, are studying the botany of this coast; and as the result of this some of the most important additions to our vegetable materia medica within the last three years are from the Pacific coast, and they are being exported to the East and Europe in immense quantities.

To give some idea of the extent to which these remedies are used abroad, we may mention the fact, that one firm only in the East last year drew upon this coast for 25,000 lbs. of only one particular remedy, and still the trade is growing.

But says some conservative, while you are introducing new remedies is there not a danger of losing sight of the old? I have thought there was a little danger of this. And yet where is the physician who has seen the specific effects of PHYTOLACCA, of BAPTISIA, of MACROTYS, and many others, who could ever forget them? Echo answers where! But although on this coast we feel proud of our indigenous remedies so far as we know them, yet they are not all new. You cannot walk about in this new world without soon being aware that old faces are looking up at you from the grass at your feet, or from the banks of the purling stream. The ANAGALIS ARVENSIS or scarlet pimpernel, thrives well, and, I think, will yet gain reputation.

The PLANTAGO MAJOR, various species of the URTICA, the senecio VULGARIS, the corydallis formosa, the salix, the marrubium vulgare. Of this last considerable was sent East from this State last year. Also, the galium aperine, which, I think, is one of the finest alteratives and renal depurents ever used.

These are but a few of those I have seen growing wild. In our gardens may be found callendula, melissa officinalis, artemissia abootanum, and a great variety of others prized by the early practitioners, and just as good to-day as ever.

Others, not indigenous, may be introduced. Professor Bundy has grown from seed the finest kind of belladonna. I have, from seed brought from Ohio, raised stramonium the most luxuriant, where such had never been seen before. We have nearly all varieties of soil and climate on this coast, and what can be grown in almost any other portion of the world may be grown to advantage in California. Here, then, is work for those who will engage in it; work which will yield pleasure and PROFIT. We think with a little well-directed effort this coast is capable of yielding a more extensive materia medica than any other State or country in the world.

[XXI.]

DIPHTHERITIS.

BY J. A. MILLER, M. D., OAKLAND.

CHAPTER III.

Having simply suggested this much on the diagnosis, let us now epitomize the pathological condition, and see what indications are to be met.

We have before us a constitutional disturbance; a specific blood poisoning, which, unless arrested by remedial agents, or overcome by constitutional force, must inevitably destroy the patient We find this constitutional disturbance effecting the ganglionic nervous system that presides over nutrition, impairing the appetite; the cerebro-spinal system, producing delirium; the genito-urinary organs, producing suppression; the skin, producing more or less exanthema; on the throat, producing inflammation and exudation.

Now for remedial agents to meet these particular indications. By turning to our materia medica, we find sulphuric acid possessing a peculiar physiological affinity for this condition, and eminently calculated to counteract this constitutional lesion. Dr. Guernsey says this remedy is especially useful in "apthæ, when the mouth is red and very painful, the child weak; echymosis, when some deep-seated discrasia prevails, and the child is weak and exhausted." While in addition to this, it at once destroys the OIDIUM ALBICANS in the blood, and thus promptly arrests the progress of the disease. For some months past diluted sulphuric acid has been used in Australia as a specific in this disease; Dr. Greathead, of that colony, having obtained £8,000 sterling for its supposed discovery, of the Colonial Government, while the discovery was as evidently based on the publication of the writer.

We have in this disease again "constriction of the throat" in attempting to swallow. We have a slough, or exudate to be separated and removed. Professor Frost says: "Capsicum prevents constriction of the throat and produces the separation of the slough, is efficient in removing the false membrane from the tonsils in torpid forms of diphtheria." Both the motor and sentient nervous system is seriously affected, the attack frequently running on to complete paraplegia. There is a troublesome, harassing cough, with intense fœtor oris.

Dr. Herring, of Philadelphia, says: "When the breath and sputa smell bad give sanguinaria." Dr. Halcombe, of New Orleans, says: "There is nothing better than sanguinaria, where there is troublesome harrassing cough, with marked inflammatory action." These being the pathological conditions to be met, and these the remedies with which to meet them, I for years have used the following:

℞	Aromatic Sul-acid.	
	Tinc sanguinarid	aa ʒii
	Tinc capsicum	ʒi
	Spts menetha	gtts x
	Syr simplex	℥ij

M. Sig. A teaspoonful once in two hours, varied, of course, according to age, etc.

The only restriction necessary is to interdict the use of MILK, which, combining with the acid, would form an indigestable coagulum in the stomach. For the FEVER, peculiar to diphtheritis, I use exclusively

℞	Gelseminum	ʒii
	Aqua	℥ii

M. Sig. A teaspoonful once an hour until the fever abates. I also use as an external application the following:

℞	Potassa nitras	℥ss
	Aqua	℥iij
	Spts Camphor	℥ii

M. Sig. Keep a cloth wet with the solution, round the neck, while I urge the most generous diet. I have now used the essentials of this treatment since 1846. I have used it just as given in 493 cases in California, and I have never lost a case where I had been called before the disease had progressed past the third day, and directions were strictly followed.

Some two years ago a party stole my old formula and is manufacturing the compound, and is hawking it round California, for sale at one dollar per bottle, under the cognomen of "McCLELLAN'S DIPHTHERIA REMEDY." I have, by correspondence to Washington, prevented his obtaining a patent, and now for the NINTH time publish it, PRO-BONO PUBLICO.

EDITORIALS.

THE ANTAGONISM OF ALCOHOL AND TOBACCO.

Alcohol and tobacco are used almost universally. The savage and the civilized, the noble and the peasant, use the intoxicating beverage and noxious weed. All grades of society indulge, more or less, in those agents. Frequently they go hand in hand. This is natural; the taste of one creates the desire and the physiological necessity for the other. They are antagonistic. A man can drink larger quantities of alcohol if he indulges in a Havana, or he can smoke a greater number of cigars, if he quaffs his cup of wine or spirits to quiet the qualm produced by the fumes of tobacco.

Alcohol dilates the capillary vessels, and in moderate doses promotes the circulation; but if partaken of too frequently, or immoderately indulged in, the capillaries lose their tenacity and congestion follows, as is manifested by the turgid countenance and purple nose of the confirmed bibbler. The large blood-vessels become engorged, and the cavities of the heart dilated from its excessive efforts to force the sluggish capillary circulation.

Tobacco, on the other hand, constringes the capillary vessels. This may be observed in the person who attempts to smoke a cigar for the first time. The face becomes pale, the surface of the body cool, and the heart labors to force the impeded circulation, The voluntary muscles, after being deprived of the usual quantity of blood, become tremulous, and may even pass to active convulsious.

By the use of both alcohol and tobacco an equilibrium is maintained. The one dilates as the other constringes, so that nutritson is not so much interfered with as if only one or the other were indulged in. We are not advocating the use of these agents. We are simply endeavoring to show that whoever indulges in them is performing a physiological experiment. Either one interferes with nutrition, by deranging the circulation, and is consequently injurious to life and health. It is in the tissues supplied by the capillary circulation that the process of nutrition takes place; and whatever impedes or obstructs the onward current deranges the system, by preventing the removal of physiologicol waste, and the assimilation of nutriment.

CALIFORNIA MEDICAL JOURNAL.

To run any enterprise successfully requires money and energy, and we hope our friends receiving this JOURNAL need not be reminded that it is necessary that they should contribute liberally to its success. Not the subscription price alone; but such items of interest as shall be interesting to the profession. There is no man, however dull his perceptions, but observes matters which would be of general interest, if communicated to the public.

It is our intention to make a first-class publication, representing liberal ideas in medicine, and worthy of your patronage and respect. We invite all classes of physicians to contribute to its columns. We care not to what school a man belongs. If he has anything of importance to communicate to the profession, our columns are open to him. We are publishing a journal for the dissemination of knowledge, not for the bolstering of any pathy or ism only as far as we believe them to be right. We want light to shine and illuminate medical darkness. If we have been nursing any delusions we are ready to cast them aside, as soon as scientific truth shall weigh them in the balances and find them wanting. If our readers have made new discoveries, observed new facts, or have anything to chronicle which may add to the common stock of knowledge, we shall only be too happy to give them space. Give us reports of cases, experience with new or old remedies, or anything of interest. Medical knowledge founded on scientific deductions, is but in its infancy. We need observation upon observation, and fact upon fact, to build a scientific system of medication, that shall unerringly conduce to a successful practice.

COMMENCEMENT EXERCISES OF THE CALIFORNIA MEDICAL COLLEGE.

The ceremony of conferring the honors of the College upon those who were able to pass the required examinations, occurred at the Independent Church, March 5th. After an eloquent and appropriate prayer by the Rev. Dr. Hamilton, and music by Miss Lowell and Professor Orr, the degrees were conferred by Professor D. MacLean, President of the Board of Trustees, on the following gentlemen: I. E. Cohn, C. E. Case, R. F. Pries, S. V. Thomas, S. H. Hall, W. K. Doherty, E. Henderson, J. A. McKee, S. L. Blake, B. Sturman, J. S. Leffingwell, L. Wellendorff, C. H. Houpt.

The Class was addressed by Professor MacLean on their duties and responsibilities as physicians, charging them to be studious and industrious in their habits, and honest and conscientious in their practice. The valedictory was delivered by C. H. Houpt, which we publish elsewhere. The exercises were closed by the Rev. Dr. E. Cohn, of San Francisco, pronouncing the benediction..

Out of a class of 48 students 15 presented themselves for examination, two of which were rejected, from failing to reach the required standard prescribed by the College.

The aim of the Faculty and Board of Trustees in not to turn out numbers, but qualified men for the profession of medicine. The system of teaching is thorough, and a high standard of qualifications is demanded of its graduates. Any one holding a diploma from this institution is a sufficient guarantee that he is possessed of the necessary knowledge to make a careful and successful practictioner.

BOOK NOTICES.

NEW MEDICINES AND THEIR SPECIAL THERAPEUTICS.

BY I. J. M. GOSS, A. M., M. D.

This work, like the others written by the author, is practically arranged and concise in every sense of the word. It furnishes the medical profession with information relative to a class of remedies mostly indigenous, which have never received their merited attention from the profession, hence they are called "new." It gives the history and use of all the new, and standard old remedies, fully up to the present time; and it is what every student and practitioner of medicine should have as a work of reference on their table. It closes with a Repertory, giving in a tabular form the application of medicines in diseases —just what the student needs.

SELECTED.

Dermatoses—General Considerations.

BY PROF. E. YOUNKIN, M. D.

Cutaneous diseases, when studied and compared in the light of their etiology, pathology, prognosis, and treatment may be arranged under two categories; the one essentially local and produced by external irritants; the other without any appreciable outward cause intimately linked to internal morbid and complex conditions of the general system.

Of the first of these the most conspicuous causes are the natural exhalants, want of cleanliness, or other matters deposited on the skin. Cosmetics, climate, seasons, heat and cold.

Eruptions upon the skin, however, are too often regarded as the disease *per se*. When they arise from some constitutional derangement, they should be looked upon as symptomatic expressions of the disease; considered thus our theraupetical measures will often be materially modified and a successful treatment is more likely to crown our efforts.

In former times the connecting link between the cutaneous eruption and the general morbid changes was but little understood; even no further back than the fifteenth and sixteenth centuries, syphilis, the gravest of this class, was recognized as a mere contageous epidemical affection of the skin.

A cutaneous eruption may depend upon a sympathetic irritation transmitted from disease of internal organs, as rosace from gastroenteritis, urticaria from eating of shellfish, and strophulus, from the irritation of teething.

A great number of cutaneous diseases may be produced by mental labor, rooted sorrow, excessive watching, through the law of excentric-projection by which the periphery of the nervous system is influenced by the action of the mind.

Numerous cases of eczema, zona, pemphigus, erysipelas, and urticaria prove that the influence of the mind produces these effects. It is well known that the insane are very subject to cutaneous eruptions.

The opinion very generally held by the common people that certain cutaneous eruptions are dependent upon some alterations of the blood, is not without foundation. It is very probable that certain agents only exert their influence on the integument after having been carried into the blood torrent. The inflammation of the skin in mercurial disease, known as hydrargyria, and the leaden hue that follows the continued internal use of nitrate of silver are examples of such absorption.

Certain degrees of intensity are sometimes required in the internal morbid changes for the production of its dermous manifestations. I have seen erysipelas occurring upon a catamenial failure and disappearing upon the establishment of the menses. Eczema and prurigo will sometimes appear during gestation. With others these diseases will disappear or sensibly decline during this time.

Dermatoses may often depend upon a hereditary nucleus. It is well known that diseases, called by the common people "tettery," such as eczema, lichen, herpes, and psoriasis often occur among individuals of the same family ; even when placed in different positions in society and modes of living. Acne, sycosis and porrigo are often traced from parent to child , the parents having had such eruptions at a period corresponding to the age of the child or nearly so.

There is a strong parallel or relation existing between the true skin and the mucous membrane. The skin, if placed under the same circumstances, as that of the mucous membrane, will soon change its external integument, and we know too that the mucous membrane will when placed to the external parts, soon become true skin. I have seen old cases of prolapsus of the anus, and of the vaginal wall become thickened and dry, and by degrees acquired every appearance of the true skin,

Indeed the relation between these two membranes is so intimate that in many cases of dermoid diseases each of these membranes are simultaneously affected; thus it is in the acute febrile diseases of the skin, particularly in the exanthemata or eruptive fevers proper. The running of the eyes, and the nasal catarrh corresponds to the disease of the general surface. In the case of the skin, however, the inflammation is generally diffuse and extends over the entire surface, whereas the mucous membranes are but partially affected, suffering most in particular regions, as the fauces, nasal mucous membrane, pharynx and larynx, at any rate at the beginning of the disease, but at the decline the lungs, and even the lower bowels become the seat of irritation. He who does not carry in his mind this connection between function and disease will at times be not a little embarrassed in arriving at a rational course of procedure.

However, we may view eruptive diseases, whether as a local affection merely or as a constitutional one, we cannot get rid of the fact that eruptions of the true skin are apt to involve, or have a corresponding effect, upon the mucous membrane.

The same law holds good between the skin and serous membranes in many cases.

Are cutaneous eruptions salutary? In a certain sense we would answer this question affirmatively. I have known rheumatism to follow up the disappearance of acne, and upon their re-establishment the rheumatic symptoms would subside. In such cases I presume to state that the eruption affords an avenue of elimination for the morbid products.

I saw a case of peritonitis which would suddenly disappear upon the presentation of a crop of papulæ over the abdomen, but as soon as the eruption would "strike" in, as the patient called it, the most intense agony would ensue.

The peculiarity appeared so sudden, and was repeated so often that it caused no little surprise on my part.

The appearance of an exanthem is known to relieve abdominal engorgements and pulmonary inflammations. I have seen not unfrequently, furuncles in children and carbuncles in adults, relieve internal aches and pains, as well as some inflammatory affections.

A case of hypochondria vanished upon the appearance of a furfuraceous eruption over the whole body. Andral cites a case of desperate pneumonitis, the symptoms of which vanished at the appearance of a variolous eruption. Bell saw a person with a bronchial affection which he supposed to be accompanied with phthisis; an eczematous eruption appeared upon the forearms, which terminated the pulmonary trouble.

The salutary effect of an eruption may be brought about in one of two ways: first, on the principle of counter irritation, and secondly, by the elimination of morbid material, which if allowed to remain would induce an inflammatory process of greater or lesser intensity.

Will the suppression of an eruption occasion any lesion upon the internal organs? The affirmative answer to this question is generally acceded, and if the doctrine be true, there is a greater necessity for a careful adaptation of our therapeutical measures, to the causes and constitutional effects of the disease. Even in some cases, the causes of which have been ascribed to local origin, bad effects have followed the retrocession of the disease. The suppression of scabies has occasioned epilepsy, insanity and other cerebral affections. Rayer relates a case of herpes, upon the thigh of a man, twenty-one years of age, treated with compresses and vinegar. The next day the eruption had disappeared, but the patient was somnolent, breathing stertorously, and was paralyzed both inmotion and sensation. He died on the third day.

Several cases of phthisis have been ascribed to the suppression of the perspiration of the feet. Diseases of the heart and its membranes, have also been observed to follow the suppression of cutaneous inflammation; but the most common consequences of the suppression of cutaneous eruptions are convulsions, opthalmic affections, inflammation, enlargement of the glands of the neck, and deafness.

It is quite possible that effects have been sometimes ascribed to the retrocession of skin diseases, of which they were entirely innocent, but when such accidents occur simultaneously with the suppression, it is almost natural that we should attribute them to this source.—*American Medical Jonrnal.*

Chlor-Anodyne.

BY W. UNDERWOOD, M. D., INDIANAPOLIS, IND.

This remedy is not only ELEGANT, but EFFICIENT in the highest degree. I have used it in several cases according to indications and directions, with perfect success. A few weeks since I was called to attend Mrs. R , age 35, who was suffering from abdominal paroxysms, and rolling about the floor in great pain. She had been in that condition for several hours, and had taken a few doses of camphor on sugar without benefit. Not having any chlor-anod. with me I administered colocynthis, but the alleviation o her distress was only temporary. I was called to her again in the night, and gave her ten drops of chlor-anod. in sweetened water, and notwithstanding the "music of the babes," for the room was full of them, she was speedily tranquilized, fell asleep, and on looking out of my door next morning, the first person I saw was my patient, working vigorously at the pump close by. From this clinic I have learned never to go on a professional visit without my pocket vial of chlor-anod.

I was called in haste to attend Mr. P., age 97, and found him in great distress, passing dysenteric stools every few minutes, and learned that he had spent a sleepless night. I gave chlor-anod.—ten drops—the effect was magical. He slept for four hours, and then had an evacuation, with some more hemorrhage. I prescribed for this, and other indications; the dysentery was controlled, and the next day I discontinued my visits.

Yet again, and a bright trophy for chlor-anod. I was sent for, at night, to a little boy aged fifteen months. The afflicted mother informed me that her child had been purging constantly for more than three weeks. It was a clear case of cholera infantum. My first remedy was verat. vir. in dilution. The next day I gave chlor-anod.—4 drops —with marked benefit, This, with some other remedies, according to symptoms, and the disease has been arrested, and the little golden-haired Roy E. is convalescing. My tiny patient seemed so charmed with the comforting drops that he would cry for them when I took the green vial from my pocket. And, here I would just say that I prefer dark green colored bottles to all the amber-tinted in my cabinet, and I regard them as more ornamental and decidedly more useful for the physician's office than any other color.

I am testing some of the new remedies, and will write you results. Cascara sagradu is proving very serviceable to me in habitual constipation. I had used it from another pharmacy, and hesitated to prescribe it after a few trials, on account of nausea, which it seemed to produce, but have not found the like effect from YOUR fluid extract. —*New Preparations*.

The Bromide of Ammonium—Its Therapeutic Use in Disease.

SYNOPSIS OF A LECTURE DELIVERED BEFORE THE CLASS OF BENNETT MEDICAL COLLEGE, FEBRUARY 11, 1880.

BY E. HALSEY WOOD, A. M., M. D.

This agent is most effective in passive congestion, which may be considered for the purposes of this lecture as of two kinds, viz., hypothermic and hyperthermic. As it is not in any sense an antiperiodic, periodic congestion need not be taken into account. These two forms of passive congestion are so called because the diseases due to this condition can be arranged in two classes, in which a diminutive or an excess of natural heat is a prominent symptom. Passive congestion, or hyperæmia, is a state of the tissues in which the blood either does not flow through the capillaries with its natural celerity, or else there is a complete stasis, and between these two states there may exist any variation in the slowness of the passage of the blood. Passive congestion is due to ganglionism, which means irritation, erethism, or depression of the ganglionic centers, transmitted thence to their ultimate distribution, and deranging their vaso-motor and trophic functions. Briefly, and perhaps crudely, the connection may be stated thus: The vessels move the blood, and the nerves move the vessels; if then passive congestion be present, it will denote a derangement of the ganglia, and the severity of the congestion will be the measure of the intensity of the ganglionic disturbance.

The causes of ganglionism must be sought for in all of the depressing agencies which act upon the vital or nerve force of the body. These are found in all of the external circumstances of life. In the air, its heat and cold; its dryness and moisture; its electrical condition and purity, Cognizance must be taken of the alimentary habits and and modes of life exposed to atmospheric changes, and of the clothing and sleeping of the individual, to ascertain in what respect and degree they do not accord with the laws of hygiene and sanitation.

This view discards the idea of a single specific cause for the diseases characterized by passive congestion, and entirely eliminates malaria *per se* from etiology. The apotheosis of "malaria" must be written.

The symptoms of ganglionism (neurasthenia of some writers) are as follows (these symptoms are also the indications for the use of the bromide of ammonium): Frontal headache, suffusion and blurring of the eyes (asthenopia), soreness in the upper eyelids, ptosis or convulsive closure of the eyes, due to paresis of levatores palpebraum, a sense of swollenness or bulging in the eyes, a wavering dilatation of pupil, injected and icteroid conjunctiva, excessive sweating, sleeplessness, disagreeable dreams, anorexia, nausea, vomiting, a retching. stiffness of fingers, numbness of hands, blueness of nails, capillary congestion of surface of hands, pain in nape of neck, in shoulders, elbows and knees, pain at sacra-spinal junction (lame back), in calves of legs (cramps) and under the scapula, coldness of extremities, any appreciable degree of diarrhœa, anasarca of feet and ankles, congestive, intestinal, uterine and renal hemorrhage, despondency and irascibility of temper, lassitude and weariness, hypothermy and hyperthermy, hot flushes and cold chills, hopelessness, listlessness, drowsiness in the daytime, sweating hands, atonic voice, pulse abnormally slow or thready, and a sense of being easily chilled.

The term hyperthermy is employed to signify excessive heat of body, due to ganglionic derangement. This heat is not regarded as being *true* fever, and cannot properly or correctly be so termed. In true fever, the body is hot alike all over, while in hyperthermy the extremities are cold, and the body is intensely hot. Sunstroke may be instanced as the type of hyperthermy. The difference between the heat of the body, and that of the extremities, can be best appreciaten by the hand of an observer whose calorical condition is normal, and whose sense of the differing degrees of heat of the various parts of the surface of the human body, under the changing circumstance of health and disease, has been duly cultivated. The thermometer is utterly useless in such cases.

The bromide of ammonium is anti-congestive, and acting thus, it becomes a tonic, an anodyne, a hypnotic, and an anti-emetic.

It has been used as the sole remedy by the lecturer, with the best success, in the following diseases: Diarrhœa, cholera morbus, cholera, eclampsia, icterus, maramus of bowels, congestive uterine hemorrhage, congestive intestinal hemorrhage, chlorosis, anæmia, hæmatemesis, congestive pulmonic hemorrhage, and generally in diseases presenting any of the symptoms enumerated above.

It is recommended for tentative use in the following diseases: Sunstroke, typhus fever, yellow fever, hemorrhagic and hæmaturic fevers, dipsomania, sea sickness, scurvy, spurious phthisis, pseudo-pnuemonia, psuedo-rheumatism, psuedo-gastritis, milk sickness, cholera infantum, and generally in congestive disorders.

The bromide of ammonium may be dissolved in the proportion of one ounce of the salt to four ounces of water. Of this solution, a teaspoonful diluted with two or three tablespoonfuls of water may be administered to an adult at any interval from five minutes to four or six hours. The dose will of course vary with the age, ranging down to a grain in a drachm of water for an infant a few weeks old.

This remedy is incompatible with acids, hence all acids and acid fruits must be avoided.

Frequently, cases regarded as "malarial" in their nature will be met, which are found to be not amenable to quinia. Such cases will yield very readily to the action of this bromide. It produces its best effects when the tongue is clean and moist, and in view of the recognized uncertainty of remedial agents, it acts with more absolute certainty than any article of the materia medica. Too much stress cannot be given to the injunction to patients using this remedy to eat moderately, because it excites a ravenous appetite, and they are very apt to overload their stomachs. The bromide will be found available where opium and its preparations from their congestive nature are not tolerated, and also where counter-irritants are productive of no benefit, and produce distress sometimes most agonizing.

NOTE.—The bromide of ammonium is presented to the medical profession as a specific for cholera. The lecturer has based on its therapeutic properties his claim to the prize of $80,000, founded in 1849. This sum was bequeathed by M. Breant to the Academy of Sciences in Paris, to be awarded to the person who should discover either the cause of Asiatic cholera, or a remedy which would cure it in the immense majority of cases. The lecturer's theory is that there is a passive congestion of the liver. The blood is dammed back in the portal veins. Stasis of blood ensues. The serum separates from the solid portions of the blood, and is effused into the intestinc. Cramps are reflected from the bowels. Vomiting is due to the congestion of the mucous surface of the stomach. The bromide causes dilatation of the hepatig capillaries, and the blood flows through the liver, and all the phenomena of the choleraic attacks disappear under the benign effects of the remedy.—*Chicago Medical Times*.

Alkalies in Anæmia.

BY W. NICHOLSON, M.D., GREENWICH.

INTRODUCTORY.—The above title may, at first sight, appear somewhat incongruous, and the first part of it to have no special connection with the latter, but I hope, on perusal, that the connection will be found a very interesting and intimate one. If the view we take of the subject is correct, the connection between the alkalies and anæmia is a very important one; and the following summary will show the general tenor of our paper.* First we think there is a hepatic anæmia, that is an anæmia produced by hepatic disorder; and we think this form of anæmia is remarkably common—in fact the commonest form, and that all cases of anæmia, without any apparent cause, are hepatic. Then we express our belief that the alkalies, especially potash, have a beneficial action on the liver, which action tends to restore the blood to its normal character. And finally, we think that the alkalies ought to take the place of iron in the treatment of anæmia.

ALKALIES.--Now, as heretofore, medical men continue to prescribe, with infinite faith, drugs concerning whose RATIONALE, or mode of action, they have little definite information to impart; suffice it that they all agree that the remedy does good. This was done by our forefathers; but where is their treatment now?--discarded as being inert, if not injurious. If, then, men like Cullen, Sydenham, and Gregory were deceived in their therapeutics, why not the present generation? for it will not be denied that,in years gone by there were as good observers, if not better, than there are now. Granting, however, that the remedy does good, though we know not how, then we are certainly justified in giving it; on the other hand, in reality be inert, and this in spite of the highest testimony to its efficacy. But I must confess that the profession is very tolerant in regard to treatment; at the same time, with our indefinite information, it could not be otherwise: in many cases the treatment is one of partiality for certain drugs, in other cases it depends on a varied judgment as to the importance to be ascribed to the different factors in the production of the disease. If, then, we have no infallible guide to one fixed and definite treatment (in any one disease), we must prove the different systems by trying which is the best. Now if this plan were carried out successfully, and one system of treatment proved superior to others, and the physiological actions of the drugs employed in it were definitely determined by experiment, not only would it be a great gain in itself, but we should, by our therapeutics, be able to throw some light on the pathology of the disease. At present our pathology dictates our treatment, and if in any instance the former is false, then the latter becomes absurd. Now the methods by which the late Prof. Bennet, tried to extend our knowledge in therapeutics were, first, experiment on the lower animals, which is now being cultivated as largely as possible under adverse legislation; and secondly, by a system which is simplicity itself in principle, and consists in reporting ALL the cases treated by a certain drug or drugs. That is to say, if any man brings forward a drug or remedy as very valuable in a certain disease, let him report all the cases treated--how many deaths, how many recoveries, and the duration of each class of cases; then we should have something definite to work upon, a treatment with which to compare some other treatment. Let me give an instance to show the value of the system. In erysipelas iron is the remedy, PAR EXCELLENCE, and thought to be superior to other drugs. Now let me ask what proof we have of this? Have we any reliable statistics of the duration and mortality of erysipelas under treatment by iron? I believe there are none; there only exist general statements in favor of the treatment, and these have been absolutely contradicted by other writers of equal authority. Now if Dr. Bennett's plan were adopted we should have some definite information as to the fatality and duration of the disease; and it might be proven, perhaps, that the duration was from four to six days. If, then, there were other methods of treatment, say by salines, and the same plan adopted, we should be able to compare each from definite statistics instead of from indefinite opinion. I am very far from disapproving of the iron treatment, and often adopt it, but I do think that we are greatly in want of some definite information in support of the brilliant success claimed for it. Mr. Bryant goes so far as to state that at times it acts like a charm; if this be so, the duration of the disease ought to be all the shorter, and the success of the treatment made more easy of proof. Yet we have no evidence except mere opinion that iron is superior to other drugs in this affection. Now considering that erysipelas is very often fatal, I hold it to be a very serious matter that the profession takes no trouble to put us in possession of reliable statistics as to the best method of tteatment, not only in this solitary instance, but in the case of all known diseases. And this ought not to be difficult for hospital surgeons and physicians where all the cases are tabulated or recorded in books. I dwell on this point of indefinite information as it is very important, and exists to such an extent in our system of therapeutics, that to attack some of these traditions seems like attacking well established facts; and further, because we are about to investigate some of these traditions now.

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* Cf. Murchison, *Functional Diseases of the Liver*. 2d Ed., p. 92.

In discussing the alkalies I shall only refer to potash and soda, and it will be necessary first of all to inquire how far these are alike in their actions, and in what they differ. I believe in this country their similarity has been assumed to far too great an extent. Chemically they are not alike. Potash has a much greater affinity for oxygen than soda out of the system, and probably it is the same inside the s stem.

As regards the therapeutic differences as usually found in text-books, the following is a summary:—First, locally soda acts more on the liver, and potash on the kidneys: Secondly, potash acts on the glands, but soda has no corresponding action; or, expressed differently, soda is but a local antacid, whereas potash is, in addition, a general remedy. Thirdly, whereas both are depressing when continued for some length of time, soda is least so. And finally, in the uric acid diathesis, potash is preferable. Before discussing these points more in detail, I must protest against the alkalies losing their proper title and its being swamped in that of antacid. No doubt the alkalies are antacid, but as this action is not nearly inclusive of all the actions of the alkalies, why should it be used as a generic term? By adopting this nomenclature we are apt to place this action in undue prominence, and to ignore all the other actions. The greater should not be called by the lesser, and although it may be true that all men are liars, no modern man would think of classifying mankind under the head of "liars." Besides not being inclusive, it is not, in my opinion, of primary importance; and I venture to prophesy that when we know more about the alkalies and their mode of action, that this antacid doctrine will diminish in importance. Take the case of many skin eruptions where alkalies are of great benefit; there is no proof whatever of any undue acidity either in the digestive tract or in the blood. Look at nettle-rash; is this due to acidity? It seems strange that certain simple articles of diet in certain people should cause acidity. Or take the case of gout, if the alkalies only combined with the lithic acid formed they would be only palliative and temporary, and when omitted, the lithates in the urine and the pains in the joints should return, whereas we know that the alkalies are curative, and in addition to combining with the lithic acid already formed prevent any further formation. These observations offer a fitting place for the following consideration, namely, that in using the alkalies we must not limit ourselves to what may be called local symptoms or symptoms localized in the digestive tract, such as a furred tongue, loss of appetite, acid eructations, flatulence, heartburn, &c., for, as we shall see, there are cenditions where none of these symptoms are present, and yet where the alkalies are beneficial and curative. Perhaps the best known indication that is not local are the abnormal urinary sediments whose formation is prevented by alkalies. I say this is a well-known indication far an alkali although there may be no symptoms of anything wrong with the digestive tract; it is the same often with gouty pains, so, too, with many cases of eczema and other skin eruptions. In all these cases we may conclude that there is something wrong in the digestive tract, but it may not be shown by any local symptoms; this, we shall explain further on, is caused by a disorder of the liver, which is not directly connected with digestion so much as it is with the blood.

Another indication for the alkalies, lies in the fact that in many cases we have no antidote or agent for a direct attack on the disease, and so we must rest satisfied simply by assisting nature, leaving her to effect a cure. With this view may we give the alkalies, to improve the tone of the digestive system, increasing the appetite, aiding the liver to work, promoting the flow of bile, and clearing the blood and urine from lithates, or other sediments and impurities. Alkalies are not classed with tonics, but I regard them as tonic. By tone I mean a state of health, and if we can improve the unhealthy state of the gastro-enteric tract by alkalies, and assist towards a return of appetite and so on to a state of general health, then most assuredly the alkalies are tonic, and I think there is little doubt that the alkalies, more than any other remedy, can restore the digestive tract to a state of health, while iron, instead of giving tone, is apt to disorder the digestive tract.

To return now to the differences between potash and soda: as regards their special actions on the kidneys and liver, I have failed to find any very definite information on the subject, that soda will increase the flow of bile, or render it more fluid, is, I believe, true, but that it will act better in this respect than potash I do not believe. The experiments of Parkes show the bicarbonate of potash to be a diuretic; but the power of potash to increase the amount of urine is so small, that for all practical purposes it is unimportant, and for this purpose few practitioners, I fancy, would prescribe it. But when we come to the effects of alkalies on the composition of urine it is a very different matter. Urine containing deposits, such as urate, phosphates, and oxalates, and high colored urine, is quickly and remarkably acted on by alkalies. Now through a knowledge of the production of these abnormal pigments and deposits, we are partly enabled to determine the *modus operandi* of the alkalies as thus: the pigment is derived from the biliary pigment, and the sediments from the digestive tract, or as Murchison more correctly, I believe, limits it, to the liver. Now if the alkalies clear the urine from these pigments and deposits, it must be in virtue of a salutary action on the liver, and if observation goes to prove that potash is more beneficial in these cases than soda, then I maintain it is in virtue of the superior action of potash on the liver. Certainly, in my opinion, the most important action of potash is on the liver, and especially on that function of disintegration on which the function of excretion depends, and the elimination of bile; and consequently the good effects of potash are seen, not locally only, but universally. This action of the alkalies was known and thoroughly believed in by the last generation, and at the present time many old and good general practitioners adopt it daily in their practice, believing that the alkalies increase, and render more fluid, the bile. But the full extent of this action was not sufficiently recognized, and is not yet. It was bile as a secretion for the purpose of digestion that they had in view, but its use as a secretion for the purposes of removing waste products from the blood and thus keeping it pure, was unnoticed. It is true that when the secretion of bile was entirely stopped, they recognized jaundice as resulting; but between a healthy liver and jaundice they had no stepping stones--no little disorders of the liver causing impurities of the blood and many remote and general disorders. Even a high-colored urine was not localized in the liver, but was indefinitely ascribed to the digestive organs, and its etiology ill-understood. In what manner potash acts on the liver may be questionable; perhaps the oxidation theory may be correct, and the lithic acid converted into urea. But whether it be true or not, it is certainly true that under the administration of potash the liver is enabled to complete its work in a normal fashion.

Secondly, that potash acts on the glands and soda does not, or that soda is entirely local, is a belief that is liable to great misconception, and under the arrangement often adopted in our text-books, and markedly so in Wood's—namely, of describing the actions of all the compounds under the head of the base—is still more liable to be misunderstood. Thus Wood, under the head of potassium, details the actions of the compounds of potassium, which appears to me a most unfortunate arrangement. I was taught in chemistry that a compound possesses properties dissimilar from any of the elements composing the compound, and if this is so, Wood's arrangement is certainly perplexing. Now if by a glandular action of potash or its carbonate is meant an action similar to that produced by the iodide of potassium, then I must express my disbelief in it. Any action of the bicarbonate of potash on the glands is, I believe, an indirect one, and that the good it affects is solely due to its action on the liver, by which the blood is restored to its normal character. That soda can act similarly is, I believe, true, but its action is not nearly so rapid or so powerful.

Thirdly, that the alkalies are depressing. This doctrine is one of the most interesting in connection with the alkalies. I have not succeeded in tracing its origin, and I am afraid that it is involved in much mystery. In all older works, and in many recent ones, there are the same expressions of belief, the same fears and warnings, which may lead some to think the doctrine true. On the other hand, there is such a similarity of expression and haziness about the whole doctrine, that we are tempted to believe that the origin of the belief may have been handed down from one source, and that one source not founded on fact, and existing now entirely as a tradition. Turning first to Miller's system of surgery, under the treatment of lithuria, we find it stated "that though the treatment by alkalies is simple, let it not be persevered in carelessly, lest the system becomes asthenic, and serious evils result, including an ammoniacal and phosphatic state of the urine." This be it noted is stated generally of the alkalies. Turning to "Neligan" we find the same statements, namely, that few people can bear the continued use of alkalies for any length of time, as it brings on anæmia, with oxalic deposits in the urine: also a state approaching scurvy, and a tendency to an over-acid secretion of the alimentary canal. To prevent or palliate these bad consequences, he would have us prescribe the alkalies with vegetable tonics. What proof these authors have for their views I know not at present. If we turn now to a more recent work, namely, Garrod, we find no mention made of the depressing action of the alkalies. But if we turn to an American writer, namely, Wood, we get the older doctrine partially respected, along with the shadow of a RATIONALE. Basing his classification on experiment, he divides the alkalies potash and soda, making the first a diuretic and general remedy, and the second merely a local antacid. The reasons for this are that experiment shows potash to have most depressing effects on the heart, when injected into the blood in large quantity—in fact, stopping its action in diastole. This being so, potash in large doses is decidedly depressing, and we might suppose that from this knowledge sprung the view that, given therapeutically, its continued use is depressing; but this is not so, for further on we find that this depression, or "dyscrasia," is unexplainable in the present state of our knowledge. This depressing action of potash on the heart is supposed to have been first noticed by Black in 1839; whether this was the source of the belief that when given therapeutically potash is depressing, I know not. Further on Wood states under the "Antacids," that soda injected into the blood even in large quantities having no depressing effect on the heart such as potash has, therefore it does not seem to be depressing when given therapeutically, nor to have any action on the system except that of antacid. Here we have a distinct denial of the old view as regards soda, and in Thorowgood's MATERIA MEDICA, we have the statement that the salts of soda are not so depressing as those of potash. This view is esentially a chip off the old block tipped with a piece of the newer.

From these somewhat conflicting views, we may gather that the doctrine of the depressing action of the alkalies is not unanimously held by all physicians, and though some would have us believe it on the strength of clinical experience, others, who are more guided or biassed by experiment, have not observed this depressing action, in one alkali at least, namely, soda, and an authority like Wood is not to be put aside without question. How comes it if clinical experience clearly shows that the alkalies are depressing, that Wood has not recognized it? On the other hand, if Wood be correct that soda is not depressing, how comes it that most physicians have included soda under the "depressants"? Either experiment is not to be relied on, or else clinical experience is untrustworthy. The history of the latter shows it to be anything but infallible, and notorious for change, and the former has many opponents who approach it with great caution, and I must say that in the case before us, I see no connection between the effects of large quantities injected into the blood, and the effects of small doses given therapeutically. I am in the habit of prescribing the bicarbonate of potash in 12 to 20 grains 4 times a day to individuals continuously, for months if necessary, and I have failed to observe any depressing effects whatever; but on the other hand I have observed great benefit to the patients in the majority of cases, and those cases in which potash has failed have generally turned out to be cases of serious organic lesion, or of tubercle, over which therapeutics have little control. In anæmia I find the best results from potash from the beginning to the end of the disease, and by it I hope to cure most of the cases I treat, unless due to tubercle, or secondary to some incurable lesion. Such being my experience of the alkalies, more particularly potash, I have come to the conclusion that there is no peculiar or mysterious depressing action about the alkalies, but I will admit that when given continuously for long periods, the patient or the patient's stomach may sicken at them, the same as it might do against any other monotony. If this be correct we can easily understand how the alkali, although doing a great deal of good, may have to be discontinued if the stomach turns against it. When we come to consider, it is very few things the stomach can tolerate continuously. Ten or twelve articles will nearly exhaust the list of foods that can be taken daily, and many articles considered luxuries are, if given daily, stomachic bores. These things being so, I think it is only reasonable to suppose that the stomach may sicken at the alkalies when given continuously for long periods. I attach a great deal of importance to combining the spirits of chloroform with the alkali, as it certainly covers the taste, warms it, and generally makes it better borne by the patient, and perhaps those who have seen the depressing action of the alkalies have not so combined them, and hence the result; for I cannot help thinking that there must be some difference either in dose or combination, to account for our different experiences, for as I have stated before, I am in the habit of giving potash continuously, even to middle-aged and old people, and so far as I can observe there has been a marked absence of anything like depression; nor have I seen it bring on an ammoniacal or phosphatic state of the urine, or anything approaching anæmia, or heartburn, which certainly should occur were an over-acid secretion of the stomach to be set up, but I have failed to trace any connection between pyrosis and the continuous administration of potash, and in conclusion I think that if the question is looked at fairly and impartially, it will be found to be to a large extent traditional, and not supported by unbiassed observation.—*Practitioner.*

Acute Lobar Pneumonia.

A CLINICAL LECTURE DELIVERED IN BELLEVUE HOSPITAL, BY

AUSTIN FLINT, M.D..
Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College.

GENTLEMEN:—The patient before you has double pneumonia; in other words, pneumonic fever, with an invasion of two lobes—one lobe of each lung. It is only in such cases, and not when two lobes of the same lung are affected, that the disease is called DOUBLE pneumonia.

In several points of view, this case is interesting and instructive. I will read the history and comment upon those points to which I wish to direct special attention. The patient's name is Henry ——, twenty-one years old, a painter by occupation, a native of the United States, and was admitted to the hospital November 11th. There is nothing important pertaining to his family history. He has been a moderate drinker, but he says he was in good health up to November 8th, when he thinks he "caught cold." Almost all persons who have anything the matter with the chest think they have taken cold. What the patient states regarding that is worthy of no attention. The common idea is that the large proportion of chest affections, especially the acute disorders, proceed from "catching cold." The profession has not, as yet, eliminated that traditional influence. This man thinks he caught cold because he was suddenly seized with a chill, which, he says, "lasted three-quarters of an hour." Very likely the duration of the chill was over-estimated, because a period of shivering seems exceedingly protracted to a patient. He also had pain in the left side near the nipple, but he is not able to recollect how long after the chill the pain was first felt.

The length of time varies, and sometimes from four to six hours elapse, after a pronounced chill, before the pain occurs which belongs to pneumonia. He had pain in the left side near the nipple, and at the same time began to cough. At that time he had no expectoration, but marked dyspnœa, that, doubtless, was caused by the pain, which he says was severe. He took to his bed that night, and he thinks he was feverish, because his skin was hot and he was thirsty. On November 9th the cough had increased, and he began to expectorate a frothy mucus. On that day he began to have pain in his right side. In this account there is evidence that the left lung was invaded on the 8th of November, and on the following day the right lung became involved. He did NOT have a SECOND CHILL. That is the rule. A second chill does not occur when a second lobe, either in the same or in the opposite lung, is invaded. Here I may call attention to another point—and that is, that when more than one lung is affected, the local inflammation DOES NOT EXTEND FROM ONE TO ANOTHER, but there is a new invasion, a second manifestation of pneumonia. So, in this case, the existence of pneumonia in the lobe of the right lung was not due to the extension of the inflammation, but there was a new local manifestation of the disease. He lost in weight, felt weak, and was brought to the hospital on the 11th, having had no treatment prior to his admission. On admission he complained of cough, pain in both sides, dyspnœa; but, aside from these symptoms, he felt tolerably well. His face was flushed, and, as you see, there is a circumscribed flush in the cheeks now; his temperature was 181½° F., his pulse was 112, and had good strength. The sputa was RUST-COLORED, and in that fact we have a characteristic symptom. At that time the physical signs evidenced solidification of the lower lobe of the left lung, and partial solidification of the lower lobe of the right lung. There was bronchial respiration, bronchophony, and marked dulness on percussion. Over the lower part of the lower lobe of the right lung, perhaps one-third, there was crepitant rale, together with the bronchial respiration and bronchophony. These signs are present to-day. There is no evidence of extension of the pneumonia from the lobe which was secondarily invaded, and that often is the fact.

We have here an illustration of what I stated, in my didactic lectures upon this affection, namely, that the lobe first invaded, as a rule, becomes completely solidified; but it not infrequently occurs that the second lobe affected becomes partially consolidated, and that the process of solidification then stops. Up to this time there has been no extension of the local affection of the lower lobe of the right lung. What was the treatment adopted? He was put to bed and given milk for nourishment. Rest and milk—two important elements in the treatment of most diseases.

On the day of admission his urine was high-colored, had a sp. gr. of 1030, but no albumen. The disease had advanced to the second stage, the local effects of the disease had been produced, and we had a right to expect that nothing more would occur with regard to the local inflammation. At that time, then, there was no indication to attempt to render the attack abortive. It was too late for that; and yet there were present no indications for further medical treatment than that employed. He was able to take food in proper quantity, felt quite well, had no pain, and certainly it would not have been judicious practice to have resorted to either local or general bloodletting, purging, or the administration of tartar emetic. The EXPECTANT PLAN of treatment was pursued, meaning by that, if no indications for the use of medicines exist no remedies are used, but a willingness to give remedies. no matter how potent, if the indications justified their use.

Nov. 12th.—The patient slept well last night, and today feels much better than when admitted. This improvement, of course, must be attributed to the natural course of the disease, and not to remedies, for he has had none.

At 8 A. M. his temperature was 100½° F., without the use of any antepyretic measures; his pulse was 100, and his respiration 28. In the evening he had an exacerbation of fever, and the temperature was 103° F., pulse 112, and respiration 31. He continues to take milk, and to-night he takes the first medicine given, which consists of two drachms of the U. S. solution of morphia.

Nov. 13th.—The patient slept fairly well last night, perspired freely, and he is now perspiring (10.15 A. M.) At 8 o'clock this morning his temperature was 100½° F., respiration 28, and pulse 84.

Now, gentlemen, this patient was taken with pneumonic fever last Saturday, five days ago. Up to this date his case has, apparently, progressed in the most favorable manner, and yet it is a double pneumonia, which we are accustomed to regard as a much graver condition than when the disease involves only a single lung, or a single lobe of one lung. There is no complication in this man's case, thus far; all the symptoms being in harmony with each other. The only indication which may arise for the use of medicine, looking at the case as it is presented to us now, is, that if he have an exacerbation of fever this evening, a full dose of quinine to-morrow perhaps would diminish the amount of fever. The anodyne, such as was given last night, probably would be proper. The nourishment will be continued. There are no indications for the use of alcoholic stimulants, for he has been only a moderate drinker.

This case is interesting and instructive, because it illustrates the natural history of the disease. No treatment has been employed that has any potency, and therefore, the disease of its own intrinsic tendency is progressing towards a favorable termination. There is solidification of the lower lobe of the left lung, and partial solidification of the lower lobe of the right lung, but we may confidently predict that the case will pursue a favorable course unless complications arise. What are the complications to which he is now liable? After this lapse of time we hardly expect that another lobe will be invaded. We may feel pretty safe upon that question. There is not much ground, after this lapse of time, to fear the development of pericarditis. The circulation is so good, the action of the heart has so much strength, there is so little embarrassment of respiration, that there is but little ground for supposing that such an accumulation of blood will take place in the right side of the heart, although the pneumonia is double, as will produce distention and incur the liability to the formation of heart-thrombus. Unless the circulation should become weaker than it now is—and there is no apparent reason why it should, yet it will be watched, and, if necessary, remedies to maintain the action of the heart will be given--the patient is but little liable to this complication which occurs so often in the unfavorable cases of this disease. So far as we can judge from the present condition of the patient, we have every reason to expect that he will progress favorable through the disease. There is one point to which I wish especially to call your attention. The fever, as is usual in a case of pneumonia, was much more marked at first than it has been since, and yet resolution of the lung has not begun. The local conditions are substantially the same as they were when he was admitted to the hospital, and yet we should not expect to have the same amount of fever because of that, for it is a febrile disease and not a purely local inflammation. The fever is not purely symptomatic of a local affection, but the local affection is the result or manifestation or local effect of the fever.

How do we determine when resolution has commenced? I think it has begun where the local affection first manifested itself--namely, in the lower lobe of the left lung; and why? It was easy to understand that the part of the lobe which was first affected in this case was the upper part; and now, when I listen, I find that the respiration in that portion is not purely bronchial. I think I am able to appreciate a slight vesicular quality. The respiration which I now obtain is broncho-vesicular, yet the bronchial character predominates largely. Such a case as this is interesting for study as resolution goes on, especially with reference to broncho-vesicular respiration, assuming that resolution progresses without interruption from this date. To-morrow, where I now hear only indistinct broncho-vesicular respiration, I shall be able to get respiration waving a well-marked vesicular quality. As incidental thereto, the pitch is not so high, it has less tubular quality, the expiratory sound is somewhat less prolonged; and so from day to day, for a week or more, we shall be able to recognize the changes in respiration, the inspiration more distinct, the expiration less prolonged, less high, and less tubular, until we find it normal in character.

Now we have broncophony, which will continue for several days perhaps, even when respiration shows considerable more of the vesicular quality in inspiration than at present; but after a time the bronchophony will disappear, and there will remain increased vocal fremitus, which will disappear when resolution is complete. Dullness upon percussion will remain for several weeks perhaps, after all the other symptoms have disappeared. The amount of dullness and its duration are proportionate to the quantity of exudation incident to the associated pleurisy. While the exudation into the air-cells is often absorbed very rapidly, the exudation upon the pleural surface is always absorbed slowly, and it will take weeks for it to disappear. So long as this exudation remains, we have dullness upon percussion.

ACUTE LABOR PNEUMONIA.

CASE II.—The history of the second case I bring before you is as follows: P——, æt. 36 years, native of United States, a housekeeper, was admitted to the hospital on the 6th of December, with an unimportant family history. She stated, on admission, that she had always been in fair health up to ten days ago. Prior to her present illness she drank various alcoholic drinks almost constantly for two months. About the first of December she began to feel chilly, had no distinct chill, and the chilly feelings were followed by fever and vomiting. Cough soon followed, and pain in the right side and back, accompanied by scanty expectoration. On admission she complained of feeling very weak, of pain in the right side, of cough, complete loss of appetite, some looseness of the bowels, and had a temperature of 101$\frac{5}{16}$° F. The urine was acid, sp. gr. 1012, no albumen. On physical examination of the chest, dullness on percussion was found over the upper part of the right lung, increased vocal fremitus, increased vocal resonance, and æronchial respiration.

The TREATMENT adopted was rest in bed and the administration of half an ounce of whiskey every two hours, with milk for nourishment. The action of the heart being rather feeble and somewhat irregular, digitalis was administered in doses of gtts. xx of the tincture t. i. d.

December 7th, morning,—Temperature, 103° F. Evening: Pulse 112, temperature 103$\frac{1}{10}$ F., and respiration 28. Her general condition remained unchanged. Treatment continued: stimulants, nourishment, and digitalis.

December 8th, morning.—Temperature 103° F., pulse 102, and respiration 36. Evening: Temperature 103° F., pulse 120, and respiration 38.

December 9th, morning.—Temperature 102° F., pulse 100, and respiration 36. Evening: Temperature 101$\frac{5}{16}$° F., pulse 105, and respiration 28. The patient has had a few loose passages from the bowels, for which gtts. xx of Squibb's liquor opii compositæ was prescribed, and the diarrhœa was controlled.

December 10, morning.—Temperature 100° F., pulse 90, and respiration 26. Evening: Temperature 101$\frac{3}{10}$° F., pulse 85, and respiration 25. Bronchial respiration continues, but with it crepitant and subcrepitant rales. The patient feels much better than yesterday.

There has been no treatment in this case with a view to reduce the temperature, and it is a fair illustration of the natural course of pneumonia. The pulse and temperature have fallen, although the respiration remains increased in frequency. The upper lobe of a lung in this case is affected. As a rule, cases of acute pneumonia in which the upper lobe is the seat of the local disease are more grave than when the local affection is in a lower lobe. That fact has been noted for a long time—that there is more constitutional disturbance, the nervous system suffers more severely, etc., when an upper lobe rather than a lower one is invaded. In that respect, therefore, this case is rather an exception to the rule, because it has not at any time presented alarming or unusually severe features, and resolution is going on favorably.—*Medical Record.*

Vaginismus.

M. Gallard, in the *Annales de Gynecologie*, states that he constantly recommends the gradual dilatation of the vagina by tents of progressively increasing size. According to the circumstances of the case he impregnates these tents with different applications. He also believes that these topical applications aid materially in curing vaginismus. For this purpose M. Gallard recommends the use of iodoform made up into an ointment (iodoform, 2 grams, cocoa butter, 2 grams, fresh lard, 15 grams). This preparation may be employed when there is redness or excoriation of the mucous membrane. If there is only pain, without any visible change in the mucous membrane, extract of belladonna, 2 grams, fresh lard, 15 grams, may be prescribed. In this, as in the previous case, the tents may be as small as possible. After the employment of the iodoform ointment it is well to replace it after a few days, when the redness and excoriations have disappeared, by the belladonna preparation. In both cases care should be taken to increase daily, by an imperceptible, but still advancing graduation, the size of the tent. By this means at no very distant period, a tent is habitually employed which is of such a size as to allow the introduction of the male organ. In effecting this result the action of the narcotic substance and the progressive dilatation have both assisted each other.

—*Journ. de Med. et de Chir., May, 1879.*

Traumatic Herpes of Dental Origin.

M. David reported to the French Academy of Medicine three cases of traumatic herpes occuring upon the cheek and gums after operations or other dental lesions. The author proceeded to notice the extremely slight injury which in two of the cases produced the eruption. The pathogeny of this affection, whose history is not completely known, is of importance. In two of the cases a general malaise was experienced before the appearance of the herpes; there were also marked febrile indications, which clearly showed the general character of the affection. In two cases at least, then, M. David rejects the theory put forward by M. Verneuil, viz: the calling into existence of a constitutional influence; he saw, in other words, only a simple case of febrile herpes. In the third case, the eruption occured several times upon the gums after inflammation of a portion of the mucous membrane above the wisdom teeth, the inflammation being produced during the cutting of these teeth: that is to say, it was due to a particular complication caused by the cutting of the wisdom teeth. The observation is interesting, as it explains to a certain extent the nature of aphthæ, which some authors, apparently with reason, have called herpes of the mucous membrane. The conclusions which have been arrived at in regard to this subiect are: (1) Some of the vesicular eruptions of traumatic origin may be regarded as the result and critical sign of the fever which preceded their appearance. This may be allowed whilst the initial cause is understood to be the wound itself. (2) An herpetic fever, as stated by M. Parrot, actually exists. (3) Wounds, and the various operations performed upon the teeth and in the mouth generally, may be considered sufficient to produce herpetic fever or herpes in the usual sense of the word.

—*Le Progres Medical*, *September 13*, *1879*.